

Corps Network Education Award Program AmeriCorps End of Term Performance Evaluation Form

Please attach a copy of the member's most recent CCC Evaluation to this form.

End of Term performance reviews/evaluations are required for all members. If the member leaves before completing the term, you must still complete this evaluation.

Member Name (print):			_
Enrollment Date:			
Member Term: ☐ QT 450hr ☐ PT 900h	hr		
1. An "in person" evaluation has been cond	ducted. As of today the memb	per has completed	hours.
☐ The member will complete the required	hours by the end of the term.		
☐ The member will not complete the requi	ired hours by the end of the ter	m.	
2. Has the member satisfactorily completed	d assignments? □ Yes □ N	lo	
Explain:			
3. Has the member met other performance service? ☐ Yes ☐ No			
Explain:			
4. If this is the first AmeriCorps term for this second term in your Corps or another Ame	riCorps program? ☐ Yes ☐	□ No	-
Other Comments:			
Member Signature		Date	
Supervisor Signature		Date	
To be completed on Date of Exit:			
Member Exit Date:	Total Hrs Completed:_		
Supervisor Signature		Date	

Revised: 9/12/12